

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County _____

Township

or

Village _____

or *K. f.* - *h.*

City St Louis MO (M)

Registration District No. _____

Primary Registration District No. 1-1000

File No. **15073**

Registered No. **5264**

11/ [If death occurred in

Ward) _____ hospital or institution _____

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* COLOR OR RACE *White* SINGLE ☒ MARRIED ☐ WIDOWED ☐ OR DIVORCED ☐ (*Write the word*) *Married*

DATE OF BIRTH November 15, 1857
(Month) (Day) (Year)

AGE 53 yrs. 4 mos. 15 da. If LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Foreman
(b) General nature of industry, business, or establishment in which employed (or employer) Panner Iron Co.

BIRTHPLACE
(City or town,
State or foreign country)

NAME OF FATHER *James Brink*

BIRTHPLACE
OF FATHER
(City or town, State or foreign country)

MAIDEN NAME OF MOTHER *Frederika West*

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Anna L. Reich

(ADDRESS) 2316 Michigan Ave

APR 3 1944 *W. L. L. B.*

Filed: 2/1/1977 1977 February 1, 1977
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 30th, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 15th, 1910, to March 30, 1911
that I last saw him alive on March 30, 1911
and that death occurred, on the date stated above, at _____ m

The CAUSE OF DEATH* was as follows:
121 Hepatitis (Chronic)

121
1948

[Handwritten signature]

(Duration) 16 yrs. 0 mos. 0 d.

Contributory CHARGE INTERESTED PARTY
(SECONDARY)

(Duration) 1 yr. 1 mo. 0 d.

(Signed) _____
March 31, 1964 (Address) 1906 St. Louis

*State the Disease Causing Death, or, in deaths from Violent Causes, state

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR

RECENT RESIDENTS)

At place In the

of death____yrs.____mos.____ds. State____yrs.____mos.____ds.
Where was disease contracted

if not at place of death? _____

Former or _____

usual residence.....	
PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Near St. Marcellus	April 2, 1911

UNDERTAKER	ADDRESS
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Bendernieder, Dunkman 1900 St Louis Mo

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

coma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

